

CLAIMS ONLY							Application Number <b>1073387a</b>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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49											
50											
Total							Total				
Indep	2						Indep				
Depend	23						Depend				
Total	25						Total				
Claims							Claims				

BEST AVAILABLE COPY